

Screening Form for H1N1 Influenza Vaccine

Please answer these questions for the person who wants an H1N1 vaccination today.

This is not intended for use as a medical assessment form.

Patient/Parent/Guardian Signature:

- The answers to these questions will only be used to determine whether an individual is eligible to receive an H1N1 influenza vaccination based on recommendations of the Centers for Disease Control's Advisory Committee on Immunization Practices.
- If you meet any of the criteria below, then you are eligible for H1N1 vaccination today.
- Because of limited vaccine supplies right now, vaccine must be used to protect those at highest risk of hospitalization and death. If you are not in a priority group, we ask that you wait until H1N1 vaccine is more plentiful to get your vaccination. Thank you for understanding.

YES NO 1) Is the person who wants the H1N1 vaccination a household member of, or care for a baby less than 6 months old? 2) Is the person who wants the H1N1 vaccination a health care worker who has direct patient contact or exposure to infectious material? 3) Is the person who wants the H1N1 vaccination 6 months through 24 years old? 4) Is the person who wants the H1N1 vaccination pregnant? 5a) Is the person who wants the H1N1 vaccination 25 through 64 years old? If yes, answer question 5b), below. 5b) If the person who wants the H1N1 vaccination is 25 through 64 years old, does the person П have any one of the following conditions or chronic illnesses? Asthma, emphysema or another chronic lung disease Diabetes Heart disease (not including high blood pressure) Kidney disease Liver disease Neurological or other disease that makes it hard to clear respiratory secretions (spinal cord injuries, paralysis, seizure disorders, neuromuscular disorders, cognitive disorders). A blood disorder (for example sickle cell anemia). A weak immune system (for example, from cancer medicine or radiation, HIV/AIDS or medicine such as steroids, or asplenia).

Date: